

<b>Case Number:</b>	CM15-0101188		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/07/2002
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female, who sustained an industrial injury on 08/07/2002 secondary to neck pain and radiculopathy with C5-C6 foraminal stenosis. She was noted to have undergone a non-instrumented anterior cervical discectomy and fusion at C5-6 in 2003. On provider visit dated 03/31/2015 the injured worker has reported neck and arm pain. She also reported developing right sided shoulder pain with radiation to the deltoid, ache and numbness in her bilateral upper arms with some right shoulder tenderness. Pain was noted to occasionally go to into her thumb. Weakness in arm was noted as well. On examination of the cervical spine, range of motion was slightly decreased. Tenderness was noted to palpation of the bilateral cervical paraspinals. Motor and sensory examination of the upper extremities was intact. Right shoulder examination shows a positive impingement sign with range of motion within normal limits. The diagnoses have included twelve years status post-surgery, chronic neck pain and right shoulder impingement syndrome. Treatment to date has included medication: Cymbalta, Lyrica, Amlodipine, Zolpidem and Crestor. The provider requested a trial of physical therapy 2 x 6, cervical, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 2 x 6, cervical, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2002 and underwent a successful anterior cervical decompression and fusion in 2003. When seen, she had right shoulder pain with upper extremity radiating symptoms with weakness and numbness present for 8 months. Prior treatments have included chiropractic care, medications, physical therapy, and an exercise program. There was cervical paraspinal muscle tenderness with negative Spurling's testing. Right shoulder impingement testing was positive. A 12 visit trial of physical therapy was requested. The claimant is being treated for a chronic condition without new recent injury. In terms of physical therapy treatments, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be expected to establish or revise the claimant's home exercise program. The request is not medically necessary.